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PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

PTO
10/628854
07/28/03

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	58.0018 D1
	First Named Inventor	Celniker, George W.
	Original Patent Number	6,256,603 B1
	Original Patent Issue Date (Month/Day/Year)	07/03/2001
	Express Mail Label No.	ER212548965US

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i>	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original Patent Grant
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i>	<input type="checkbox"/> Ribbonded Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i>	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. 1.175) (PTO/SB/51 or 52)</i>	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>
6. <input type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
7. <input type="checkbox"/> Original U.S. Patent currently <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: _____
9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i>	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Pehr B. Jansson	Registration No. (Attorney/Agent)	35,759
Signature		Date	7/25/2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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17231 U.S. PTO
07/28/03

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

58.0018 D1

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity	
				Rate	Fee		Rate	Fee
(A) 5	Total Claims (37 CFR 1.16(j))	(B) 5	**** 0 =	x \$ 9 =	\$0	or	x \$ 18 =	\$0
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ 42 =	\$0		x \$ 84 =	\$0
Basic Fee (37 CFR					\$375			\$750
Total Filing Fee					\$375			\$750

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ 9 =	\$0		x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 42 =	\$0		x \$ 84 =	\$0
Total Additional Fee						\$0	OR		\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ Please charge Deposit Account No. 19-0597 in the amount of \$750.
A duplicate copy of this sheet is

☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-0597.
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☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

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7/25/2003

Date

35,759

Registration Number, if applicable



Signature of Applicant, Attorney or Agent of Record

Pehr B. Jansson

Typed or printed name

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